

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

*CHARLES MAXWELL* # 441 2400 965

**25 CV 4372**

No. \_\_\_\_\_

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

*Rikers Island / Facilities*  
*OBCC*

*GRVC*

*RNDC, NYC DOC*

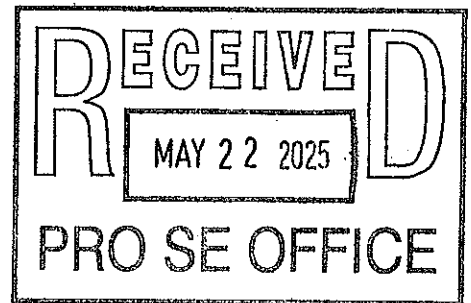
Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

☐ Yes ☐ No



**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other:

human rights.

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

CHARLES

First Name

Middle Initial

MAXWELL

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

4412400965

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers Island

RNDC

Current Place of Detention

11-11

Hazen Street

Institutional Address

EAST Elmhurst, N.Y.

11370

County, City

State

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	John Doe		
	First Name	Last Name	Shield #
	Correction Officer		
	Current Job Title (or other identifying information)		
	16-16 Hazen Street		
	Current Work Address		
	County, City	State	Zip Code
	East Elmhurst	NY	11370
Defendant 2:	John Doe		
	First Name	Last Name	Shield #
	Correction Officer		
	Current Job Title (or other identifying information)		
	11-11 Hazen Street		
	Current Work Address		
	County, City	State	Zip Code
	East Elmhurst	NY	11370
Defendant 3:	John Doe		
	First Name	Last Name	Shield #
	Inmate		
	Current Job Title (or other identifying information)		
	16-16 Hazen Street		
	Current Work Address		
	County, City	State	Zip Code
	East Elmhurst	NY	11370
Defendant 4:	Jane Doe		
	First Name	Last Name	Shield #
	Mental Health Provider		
	Current Job Title (or other identifying information)		
	16-16 Hazen Street		
	Current Work Address		
	County, City	State	Zip Code
	East Elmhurst	NY	11370

V. STATEMENT OF CLAIM Rikers IslandPlace(s) of occurrence: Facility's OBCC, GRVC, RNDICDate(s) of occurrence: 3/14/24 to 5/13/25 - continue on

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

From most of 3/14/24 to present 5/13/25 and continue on in custody as an detainee on Rikers Island. My Constitutional Rights have been Violated. From daily verbal and physical abuse, 311<sup>th</sup> calls of complaints, Videos of Incidents, UNInvestigated claims, denial of Medical Assistances, Re-written of my reports made by Medical Staff in favor of the Correctional Officers, Being force "Deadlock" (being lock in cells) for 48 hrs to 72 hrs or more by Correctional Officers. "Abuse of authority" cause of bad mood, Being deprived, food, shower, recreation, legal services ect. denial complaints, grievances going UNInvestigated. "knowing There's no General confinements Violence amongst Inmates stay by Correctional officers affiliated in gangs, property being stolen from Inmates by Correctional officers and Inmates in favor returns when Inmate in process of being transfer from either housing unit or different facility. Strip Search in front of female staff/C.O. Correctional officers while conducting a search, In Violation of

Denial for Law Library, Medical, outside recreation

AND failed to provide services in favor of correctional officers / Staffs. Maintenance conditions in all facilities on Rikers Island is being neglected. All facility services, assistance, complaints procedure is being ignored. The safety protection or to protect the rights of an detainee or prisoner on Rikers Island failed. And in violation of many constitutional and human's rights.

human rights/Decency. Inhumane conditions Rats and Mice. Infested housing units, cold food, lack of services being provided, when facility staff, correctional, medical failed to do their assigned job and work constant conflict between inmates and staff, No positive communication, No proper procedure is being provided, All issue, complaint is being avoided. C.O.s abuse Authority by over spraying inmates with mace to create more of a physical assault than brag about it, Mental Health staff's neglected

continue →  
page 7th

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Snuck from behind by Inmate/unprovoked Attack I received 13 staples on Top of my head, 2 lacerations on face, treated outside facility. Another Incident bruise right side head, knee, neck, nose and ear, loose tooth, Swell wrist, Chest and pain, horn eye, blurry vision by mace til now. Assault by Correctional Officers half Injury was treated half undocumented by staff/medical in favor of C.O. ect. rest Injury report goes uninvestigated.

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Continue on with Medical Assistance follow-ups which is a big issue being denial on Rikers Island. Compensated on Court decision, for pain and suffering After Injury Through on going verbal and physical abuse with correctional officers that goes on undocumented even if you make a complaint verbal and written statement facility "cover ups" and mentally I struggling with mental health.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

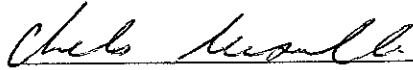
By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated		 Plaintiff's Signature	
CHARLES		MAXWELL	
First Name	Middle Initial	Last Name	
RNDC	11-11	Hazen Street	
Prison Address			
EAST Elhurst		N.Y.	11370
County, City		State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_